

Taskforce requirements for conducting off-site COVID-19 vaccinations

Participating Vaccination Providers must confirm compliance with the minimum requirements outlined below prior to delivery of vaccine doses in off-site locations.

1.0 Physical environment

- 1.1 Have adequate space for patients waiting to be vaccinated that is not congested and observes physical distancing requirements, and is sheltered from weather elements
- 1.2 Have a private space for consultation with patients and vaccinator (including obtaining informed consent, answering questions and assessment of any conditions that may preclude vaccination or require further assessment and administration of vaccine)
- 1.3 Have a dedicated area (eg clean, and away from direct patient contact and distraction), where vaccines from multi-dose vials may be drawn up, labelled, and prepared for administration
- 1.4 Have a dedicated, clean, well-lit space for administration of the vaccine to patients, including a desk and chairs for patients, carers/parents and vaccinator(s)
- 1.5 Have adequate space for patients to be seated to wait and be observed post-vaccination that observes physical distancing requirements (note this may be the same as the waiting area) and is in accordance with jurisdictional requirements and guidance
- 1.6 Have safe, risk free and directed access in vaccine clinical areas to allow movement of staff between areas while minimising the risk of workplace incidents (e.g. moving doses from preparation area to patient administration area, accessing refrigerators or cool boxes, etc.)
- 1.7 Adequate handwashing facilities for staff, and antimicrobial hand sanitisers available. Have visual reminders and cues in place to reduce the risk of errors
- 1.8 Have a process in place to safely dispose of unused vaccines, in accordance with TGA and other regulatory requirements
- 1.9 Have adequate sharps disposal bins, appropriate for the volume of patients, and securely placed and spaced to mitigate the risk of needle stick injuries
- 1.10 Appropriate security provisions to ensure no unauthorised access to vaccine doses
- 1.11 Have ready access to appropriate emergency equipment for managing anaphylaxis.

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2.0 Workforce requirements

- 2.1 Adequate number of appropriately trained staff to ensure clinical safety including:
 - 2.1.1 Vaccinators (COVID-19 trained and in accordance with state and territory regulations) to prepare and administer vaccines
 - 2.1.2 Team leader (to direct clinic flow)
 - 2.1.3 Clerical staff
 - 2.1.4 First aid staff, additional to vaccinating staff as per jurisdictional requirements
 - 2.1.5 Staff to manage staff/patient/stock safety (if/when required)
- 2.2 Acknowledge that everyone administering vaccines must have appropriate training and/or qualifications in line with jurisdictional requirements, and have received adequate specific training in COVID-19 vaccination, including regarding the use of multi dose vials
- 2.3 Have documented procedure for managing and recording training of staff handling vaccine doses

3.0 Cold chain management

- 3.1 Prior to moving vaccines to the off-site vaccination site, vaccines must be stored according to the ATAGI site requirements relevant for that Vaccination Provider.
- 3.2 When conducting vaccinations off-site, Vaccination Providers must adhere to the Strive for 5 guidelines¹ regarding outreach immunisation clinics, including but not limited to:
 - 3.2.1 Where relevant, using a cooler of appropriate size and material for the quantity of vaccines and requirements of the outreach site.
 - 3.2.2 Packing the cooler in such a way to reduce the risk of freezing **including conditioning the ice packs or gel packs, pre-chilling the cooler before use and insulating the vaccines with appropriate material so they do not come into direct contact with the ice packs/gel packs** (e.g. loosely wrap vaccines in bubble-wrap, allowing cool air to circulate; avoid wrapping tightly).
 - 3.2.3 If conducting vaccinations outdoors, a cool, shaded site should be chosen. Vaccines should be kept out of direct sunlight and away from other sources of heat and UV light.
 - 3.2.4 Monitor and record the current, minimum and maximum temperatures of the cooler every 15 minutes for the first 2 hours, then at least hourly. Reset the thermometer after each reading.

¹ Australian Government Department of Health. National Vaccine Storage Guidelines – Strive for 5. Canberra ACT: Department of Health; 2019. Available from: <https://www.health.gov.au/sites/default/files/documents/2020/04/national-vaccine-storage-guidelines-strive-for-5.pdf>

- 3.2.5 Have an appropriate policy and protocol in place to respond to temperature breaches, including relocating vials to another cooler or refrigerator.
- 3.2.6 Check that the temperature has remained between +2°C and +8°C before administering the vaccine.
- 3.2.7 When the mobile or outreach immunisation clinic is over, return vaccines that have been continuously stored between +2°C and +8°C to the vaccine refrigerator as soon as possible.

4.0 Multi-dose vial administration

- 4.1 Have a process in place to vaccinate multiple patients per vial/dose (minimum number of patients to be specified by the Australian Government)

5.0 Technology and Record Keeping

- 5.1 Ability to check the patient's vaccination history in AIR prior to administering the vaccine
- 5.2 Ability to meet mandatory requirements regarding reporting of all vaccine administration into AIR within an appropriate timeframe, ideally within 24 hours
- 5.3 Have a process of obtaining and recording informed consent. For further information regarding valid consent, including how to obtain consent in special populations (i.e. children or people with impaired decision-making ability), refer to the section ['Preparing for vaccination: Valid consent' in the Australian Immunisation Handbook](#).
- 5.4 Be able to identify individuals where immunisation should take place in a specialist facility (eg history of anaphylaxis), or where further consultation may be required (eg pregnancy)
- 5.5 Be able to develop policies and procedures for:
 - 5.5.1 Identifying individual vaccine recipients, checking to confirm any record of previous receipt of any COVID-19 vaccine doses (including date and brand of product received), and recording immunisation encounters (electronic records are preferable)
 - 5.5.2 Labelling syringes when they are drawn up from multi-dose vials, including date and time of preparation and of expiry
 - 5.5.3 Recording and reporting of vaccines used and stock on hand and those discarded, including reasons for discarding, and vaccine wastage
- 5.6 Ability to monitor, manage and report adverse events (including complying with relevant state/territory requirements) following immunisation, including anaphylaxis and emergency management ie calling for an ambulance.

6.0 Waste disposal

- 6.1 Facilities to dispose of all waste, including sharps and unused vaccine appropriately in accordance with standard precautions (TGA, OGTR (if appropriate) and other regulatory requirements for vaccines)

7.0 Personal protective and other equipment

- 7.1 Appropriate PPE, as per requirements in the Australian Immunisation Handbook and jurisdictional requirements
- 7.2 Labels for syringes (if filling in advance)
- 7.3 Antimicrobial /disinfectant wipes to clean stations between patients
- 7.4 Sanitation equipment for administration site

8.0 Accreditation and other regulatory requirements

- 8.1 All immunisers to be authorised under the relevant state or territory Public Health Act/ Medicines and Poisons Act to provide off-site vaccines
- 8.2 Have the required AIR registration, as advised by the Commonwealth
- 8.3 Compliance with compulsory COVID-19 training

9.0 Accessibility and cultural safety

- 9.1 Will need to be able to develop [or have existing] policies and procedures for ensuring services are culturally safe for Aboriginal and Torres Strait Islander peoples
- 9.2 Will need to have arrangements for identification of and assistance for those with additional or specific needs, including:
 - Ensuring culturally appropriate policies and procedures for multicultural communities
 - Qualified interpreters available when needed such as through the Australian Government Translating and Interpreting Service (TIS)
 - Translations to languages other than English
- 9.3 Will need to have arrangements to provide accessibility to those with Disability (including intellectual disability and those with other mobility issues)

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10.0 Management of the vaccination site

- 10.1 Standardised screening process to exclude patients who display symptoms of COVID-19, and refer for appropriate assessment for COVID-19 or other conditions (as per guidance provided in the [ATAGI Guiding Principles for Maintaining Immunisation Services During the COVID-19 Pandemic](#))
- 10.2 Standardised screening process for contraindications, receipt of previous doses of COVID-19 vaccines and/or receipt of other vaccines (observing any interval requirements)
- 10.3 Clear assignment of duties and responsibilities of all staff and clear plan of workflow, particularly regarding drawing up from a multi dose vial and administering individual vaccine doses drawn from a particular vial for each vaccination session
- 10.4 Incident management in place, with staff knowledgeable about relevant procedures and able to report any clinical incident (e.g. injury in workplace) to the appropriate health authorities
- 10.5 Has process in place to manage injuries to workforce (e.g. needle stick injury)
- 10.6 Process in place to prevent and manage violence or aggression at the vaccination site.